

215040524
62730

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 062	Agency Case No. B5-092441	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/04/2015		TIME OF ACCIDENT 1536	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1538	10/04/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O St./ N. 35th St.-N. 34th St.			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	40.00			N. 34th St.		
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES N S E W AND MILES			N S E W OF NEAREST CITY OR TOWN		
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
1	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	H13558328			STATE (Of License)	NE
V1/N	DRIVER	MICHAEL J DOWDING			PHONE	402-314-5992
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP 140 W FAIRFIELD ST, LINCOLN, NE 68521			DATE OF BIRTH (MM / DD / YYYY)	11/30/1995
G	OWNER	GALYN DOWDING			PHONE	402-525-6728
4	OWNER ADDRESS	CITY, STATE, ZIP 140 W FAIRFIELD ST, LINCOLN, NE 68521			CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB482495
H	LICENSE PLATE PA NO.	TGL355			YEAR (Plate Expires)	2016
V1/O	VEHICLE	YEAR 2003	MAKE Chevrolet	MODEL IPL	BODY STYLE 4 door Sedan	COLOR red
1	VEHICLE ID NO. (VIN)	2G1WH52K639207879			ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000	INSURANCE COMPANY State Farm
V2/O	TOWED TO	TOWED BY			POLICY NO.	0898484D0427
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H13200038			STATE (Of License)	NE
V1/P	DRIVER	AMY D SCHATZ			PHONE	308-520-2344
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP 451 N. 44th St. #1619, Lincoln, NE 68503			DATE OF BIRTH (MM / DD / YYYY)	03/15/1991
J	OWNER	AMY D SCHATZ			PHONE	308-520-2344
01	OWNER ADDRESS	CITY, STATE, ZIP 451 N. 44th St. #1619, Lincoln, NE 68503			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q	LICENSE PLATE PA NO.	15DG43			YEAR (Plate Expires)	2016
V2/Q	VEHICLE	YEAR 2002	MAKE Toyota	MODEL LXS	BODY STYLE 4 door Sedan	COLOR maroon / burg
4	VEHICLE ID NO. (VIN)	JTDBF32K020082371			ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000	INSURANCE COMPANY Farm Bureau Property & Casualty
K	TOWED TO	TOWED BY			POLICY NO.	7305027
01	VEHICLE NO. 3					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)
VEH. #	NAME	ADDRESS			1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME			3 Body Region	4 Injury Sev.
		EMS SERVICE NAME			5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME				
		EMS SERVICE NAME				
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME				
		EMS SERVICE NAME				

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092441



Indicate
North
by Arrow



N. 34th St.

**Measurements Approximate
Not To Scale**

**POI-
40 E of E curb of N. 34th St.
16' S of N curb of O St.**



O St.

N. 35th St.

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 was traveling WB on O St. between N. 35th St. and N. 34th St. in the inside through traffic lane. D1 said he looked over at the sidewalks because he was reading a sign. D1 didn't realize V2 was stopped and collided with the back of her vehicle. D2 was stopped in traffic on O St. between N. 35th St. and N. 34th St. in the inside through traffic lane. V1 collided with the back of her vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
1				X	O St.	POINT OF IMPACT	01	POINT OF IMPACT	05	1 Deployed - front	1 None used - vehicle occupant	2 Lap & shoulder belt used	2	Y		Y	
2				X	O St.	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	2 Deployed - side	2 Lap & shoulder belt used	3 Shoulder belt only used	2	N	X	N	X
1	01	06 Turning left				00 None		02	03	04	3 Deployed - both front/side	4 Lap belt only used	2	BAC LEVEL			
2	01	08 Entering traffic lane				09 Top & windows		01	05		4 Not deployed	5 Child safety seat used	2	ALCOHOL/ DRUGS SUSPECTED			
					01 Essentially straight ahead	10 Undercarriage	08 07 06			5 Not applicable/ No airbag available	6 Costume helmet used	2	1 Driver No. 1				
					02 Backing	11 Total (all areas)				6 Unknown	9 Restraint use unknown	2	1 Driver No. 2				
					03 Changing lanes	12 Other						2	1 Neither alcohol nor drugs suspected				
					04 Overtaking/ Passing							2	2 Yes - alcohol suspected				
					05 Turning right							2	3 Yes - drugs suspected				
					13 Unknown							2	4 Yes - alcohol & drugs suspected				
												2	5 Unknown				
OFFICER NO. 1742					TROOP/ TEAM/ BEAT 11	DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
INVESTIGATOR NAME (Print or Type) Matthew Gilleland					INVESTIGATOR SIGNATURE Approved by Matthew Gilleland					DATE OF REPORT 10/04/2015							